

Therapy with Remote Patients: Principle Concepts

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Therapy with remote patients is based on three principles: 1. Engagement in an inclusive relationship, 2. a relationship that builds hope, and 3. cultivates resilience. The first task of engagement is to build a trustworthy relationship despite one's outsidership, prior to teaching, providing services, or otherwise "doing good" as an expert. This is a challenge when the relationship is asymmetric in regard to power (resources, funding, skills, or political influence) or burdened with a history of injustices that cannot be erased. Second, building a trustworthy relationship means listening and learning about the history and physical setting of the population and understanding the adversities they have faced. Third, engagement is strengthened by keeping a steady focus, not only upon problems, but on the resilience of the individuals, families, communities, and culture despite their problems. Focusing upon resilience conveys respect that is needed to create a collaborative, trustworthy relationship. Best practices that have facilitated engagement have included:

- (1) Practice a "psychiatry of place." Learn about the unique history, geography, and culture that shaped this population's identity, values, and social determinants of health.
- (2) Meet a local individual as a person, not as a group member, i.e. group member in terms of ethnic, racial, religious, political, or socioeconomic identity.
- (3) Build upon strengths of the local culture. Listen to local musicians, artists, historians, and story-tellers.
- (4) Partner with— don't displace— local professionals and community-builders.
- (5) Focus upon resilience as a way to practice inclusion. Inquire about strengths, competencies, commitments, and practical wisdom that enabled individuals, families, communities to prevail against adversities.

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Learning Objectives

At the conclusion of this presentation, participants will be able to:

1. Restate the principles and practices involved in doing therapy with remote patients.
2. Apply this knowledge to situations in which they are working with remote patients.

References

1. Griffith JL, Keane J. Where is the family in global mental health? *Families, Systems, and Health* 36(2):144-147, 2018.
2. Kohrt B, Griffith JL. Global mental health and community cultural psychiatry: Envisioning the ecological therapeutic alliance. In Kirmayer L, Lemelson R, & Cummings CA. (Eds), *Revisoning Psychiatry: Cultural Phenomenology, Cultural Neuroscience, and Global Mental Health*. Cambridge, UK: Cambridge University Press, 2015.